

Welcome!



Payment is due at time of service. How are you paying today? (circle one)

Card

Cash

Care Credit



REGISTRATION

Owner: _____ Date: _____

Address: _____ Zip code: _____

Email: _____ Phone: _____

Number of pets: Dog ___ Cat ___ Other _____

Emergency contact name: _____ Phone: _____

Reason for visit: _____

PET HEALTH HISTORY

Name of pet: _____ Dog ___ Cat ___ Other _____

Breed: _____ Color: _____ Birthdate (or approx. age): _____

Male ___ Neutered ___ Female ___ Spayed ___ undetermined ___

Vaccination history: _____

Are there any symptoms or problems you've noticed about your pet?:

___ Behavioral Problem ___ Lack of Appetite ___ Sneezing ___ Limping ___ Coughing

___ Bleeding gum ___ Breathing problems ___ Vomiting ___ Weakness ___ Scratching

___ Diarrhea ___ Loss of balance ___ Thirst and or urination increased ___ Scooting

___ Seems Depressed ___ Shaking head ___ Eye Bulging or Bloodshot ___ Gagging

___ Other: _____

Pet's Current medications: _____

Your Primary Veterinarian: _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of owner: _____ **Date:** _____

Vehicle Type and Color: _____

Due to our building undergoing renovations, we are currently operating curbside, so please wait in your vehicle

Wait times can vary from 30 minutes to 2 hours. We appreciate your patience